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ABSTRACT

The 10-volume "Health Facts" series is intended to supplement health education curricula and provide a handy reference for individuals who would like additional background information on particular health topics. The emphasis is placed on topics and examples relevant to youth of middle and high school age. The five sections in this book provide teacchers with basic facts about: development of mental and emotional health; the conditions and arenas of self-esteem; the types and levels of communication; the role of stress in the maintenance of mental and physical health; and the major threats to the mental and emotional health of children and youth, including suicide and depression. An easy to read reference format offers clear, concise data intended to familiarize educators with the most important facts about the issues and concerns. A glossary, a list of resources, and 31 references complete the volume. (LL)

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Mental and Emotional Health

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Mental and Emotional Health

HEALTH FACTS

Nora Krantzler, PhD, MPH

and

Kathleen R. Miner, PhD, MPH, CHES

ETR ASSOCIATES
Santa Cruz, California
1994

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ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality publishing, training and research programs by contacting us at P.O. Box 1830, Santa Cruz, CA 95061-1830, 1-800-321-4407.

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Editor's Preface

Everyone agrees that children and youth need to learn skills for establishing good health habits. Most people also agree that the earlier health education starts, the better its success.

The books in the *Health Facts* series were written to provide the background information educators need as they teach young people about health. The information is provided in a way that makes it easy for educators to familiarize themselves quickly with the most important facts about a health topic.

Rather than providing indepth information in each content area, the books offer guidance to the balance of emphasis. They help educators approach health topics with confidence and focus health content as they teach.

Titles in the Series

Each volume in the series contains information about a different content area. The following ten books comprise the series:

- *Disease Prevention*
- *Drug Use Prevention*
- *Environmental and Community Health*
- *Fitness*
- *HIV Prevention*
- *Injury and Violence Prevention*
- *Mental and Emotional Health*
- *Nutrition*
- *Sexuality*
- *STD Prevention*

Contributors

These books were written by the following talented and knowledgeable professionals in collaboration with ETR Associates' staff.

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Kathleen R. Miner, PhD, MPH, CHES, is associate professor and coordinator of health promotion and education in the Division of Behavioral Science and Health Education at Emory University School of Public Health. She has traveled internationally as a health educator and is the author of many articles about education and health. A former high school health and biology teacher, she has been a key contributor in designing these books to be useful to teachers.

Lucas Stang has a background in biology and health, with graduate work in science communication. He has been writing health materials for ten years. He recently served as wellness coordinator for the International School in Manila, Philippines, where he developed a kindergarten through grade 12 health curriculum and taught high school health. He has also taught human sexuality at the junior college level.

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John T. Boothby, PhD, is an associate professor at San Jose State University in San Jose, California, where he teaches microbiology and immunology.

Rama Khalsa, PhD, is a clinical psychologist and the director of the Santa Cruz County Department of Mental Health in Santa Cruz, California.

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In addition, we would like to thank Mary Nelson, publisher of ETR Associates, for the concept idea, Kathleen Middleton, editor-in-chief of ETR Associates, for her review and conceptualization, and Jill Schettler for her help in editing.

Netha Thacker
Project Editor

Introduction

To ensure that all children have the opportunities to build resiliency—to develop social competencies (like caring and responsiveness)...and a sense of purpose and future, we must also work to build linkages between families and schools and between schools and communities.

—Bonnie Benard

Mental health is an attribute of children and youth that requires development and nurturing just as their physical health does. The mental health of children and youth is more than the absence of mental illness. Children and youth develop their mental and emotional well-being in concordance with their social environments.

They adjust their mental and emotional character to make sense of the community in which they live, including their families, friends, schools and neighborhoods. If the environment is brutal, compassionless and neglectful, then the children and youth who grow up there will learn to be cunning

and deceitful. If the environment is comforting, accepting and attentive, then the children and youth who grow up there will learn to be trusting and confident.

The adults who care for children and youth who live in communities that are detrimental to the development of mental and emotional health need to provide extra doses of support, compassion and approval. Schools are often the places where children and youth who need extra nurturing are identified. Educators and other school personnel are an important source of affection, safekeeping and concern for these children and youth.

Children and youth look toward adults for the guidance and insight to understand the processes of growth and development. When adults do not provide this guidance, children's and youth's mental and emotional maturity may deteriorate or fail to progress at the expected rate.

These young people may have difficulty learning to read, write and compute. They are likely to experience school failure, peer rejection and social alienation, all of which inhibit their mental and emotional maturity and may lead to the onset of mental illness.

On the other hand, children and youth who are mentally healthy have the capacity to manage positive and negative events without suffering social, emotional or educational dysfunction. They experience life and its challenges with a sense of confidence, vitality and humor.

They are able to negotiate obstacles to daily living without causing excessive adversity for themselves or others. They are able to express themselves accurately and form friendships and relationships with others. They have goals and aspirations for themselves. They work up to their potential. They look forward to growing up. With time, they will become mentally and emotionally healthy adults who will be caregivers to the next generation of children.

Mental and Emotional Health: Health Facts provides teachers with an overview of the development of mental and emotional health. The book explores the conditions and arenas of self-esteem, discusses the types and levels of communication and introduces the concept of conflict resolution. It outlines the role of stress in the maintenance of mental and physical health and presents a discussion of some of the major threats to the mental and emotional health of children and youth, including suicide and depression.

The Role of Education

The research conducted during the past thirty years has offered greater insight into the causes of chronic disease, injury and violence. This research indicates that these conditions are primarily caused by human behavior. What people do or do not do places them at risk of acquiring chronic diseases or experiencing serious injuries.

The behavioral components associated with the modern pattern of disease and injury create the potential for preventing most of these health problems by changing behavior. Comprehensive health promotion and education programs provide the foundation for modern disease prevention.

Ideally, the health promotion and education process begins early. Early education provides the opportunity to reach children and youth before they begin to adopt the behaviors associated with chronic disease, sexually transmitted disease, drug use, injury and mental illness. Through a systematic review of health promotion and disease prevention, educators can help children and youth enhance their health while helping them avoid illness and injury.

The *Health Facts* Series

Mental and Emotional Health: Health Facts is part of a ten-volume series designed to provide clear, concise content and be complementary to curricula published by ETR Associates and other health education curricula. Other volumes in this series that relate to mental and emotional health include *Disease Prevention, Drug Use Prevention, Fitness* and *Injury and Violence Prevention.*

Classroom teachers, counselors, school nurses and others are often called upon to become instant health educators. They may be asked to answer questions, present information and lead discussions on health topics in which they feel unprepared.

The *Health Facts* series is designed to be a handy reference for individuals who would like additional background information on particular health topics. The emphasis is on topics and examples that are relevant to youth of middle and high school age. References and resource listings direct the reader to additional relevant information. All of the volumes in this series offer a user-friendly format that is easy to read and factual.

The volumes discuss health and disease in straightforward language. Educators may want to review each volume for its appropriateness for their school and community before assigning the books for student use.

This book and the rest of the series can serve as useful additions to classroom, school or library collections. Health care professionals may choose individual volumes or the entire series as a convenient reference for patient education programs or as reading material in office waiting rooms. Individuals may find the series useful as a home reference as well.

What Is Mental Health?

Myth: Mentally healthy people just ignore their troubles and get on with their lives.

Fact: Mentally healthy people are resilient. They are able to cope with problems and accept themselves as they are.

Mental health plays an important role both in how people behave and the way they feel. There are many different ways to define mental health. Mentally healthy individuals have the following characteristics:

- They accept themselves as they are, with all their weaknesses and strengths.
- They remain in contact with reality.
- They are able to deal with stress and frustration.
- They can act independently, without undue influence from outside sources.
- They are able to show genuine concern for others.

Elements of Mental Health

People with good mental health are resilient. While they may experience stress, frustration and feelings of self-doubt or failure, they are able to recapture a sense of mental wellness within a reasonable period of time. The National Mental Health Association offers the following description of mentally healthy individuals:

- They feel comfortable with themselves. Mentally healthy people experience the full range of emotions—such as fear, anger, love, jealousy, guilt, joy—but are not incapacitated by them. They can take disappointments in stride.
- They feel good about other people. They feel comfortable with others and can give and receive love.
- They can meet the demands of life. Mentally healthy people can deal with their problems, accept responsibility, plan ahead and establish realistic goals.

Mental health is built upon all the experiences in a person's life. Future experiences will also contribute to mental health status. Because of this process, mental health can be improved through increased understanding of oneself and others.

Keys to Mental Health

- Maintain good relationships with family and friends.
- Communicate with the people you care about.
- Feel good about yourself.
- Become involved in activities that are interesting to you.
- Appreciate individual differences.
- Determine the personal values by which you want to live.

The Importance of Emotions

Emotions are usually considered to be feelings about, or reactions to, certain important events or thoughts. Emotions can be pleasant or uncomfortable, or they may be mixtures of the two.

As one expert puts it, "Emotions are important not only for the preservation of health but for survival itself. Emotions permit us to communicate. Only when we understand our own feelings and the feelings of others can we have healthy interrelationships" (Curtis, 1986).

Most emotions are communicated by means of words, other sounds, facial expressions, gestures or other body language. Ways of showing emotions are learned from other members of society, although heredity may determine some emotional behavior. For example, research shows that different isolated peoples express emotions by means of similar facial expressions, and even children who are born blind have facial expressions like those of sighted children.

The most widely accepted view of emotions is that they occur as a complex sequence of events. When people encounter an important event or thought, they interpret the meaning of the event or thought, and the interpretation determines the feeling likely to follow. Each feeling is followed by physical changes and impulses to action, which are responses to the event that started the sequence.

People experience a range of emotions. A person may feel angry, happy, sad, uncertain, confident, excited and afraid—all in the same week or even in the same day. Emotions are usually reactions to circumstances that occur in everyday life; they should not be viewed as "good" or "bad." Emotionally healthy people experience uncomfortable feelings as temporary and are able to regain their emotional equilibrium.

Basic Emotions

Several American psychologists have independently developed the theory that there are eight basic emotions, which can exist at varying levels of intensity. These emotions combine in various ways to form all other emotions. The basic emotions include:

- anger
- fear
- joy
- sadness
- acceptance
- disgust
- surprise
- interest or curiosity

A Spectrum of Emotions

Emotions can combine with one another, and can come into conflict with one another. When people have contradictory feelings, they are said to be *ambivalent*. An emotional state that persists is called a *mood*.

The following list offers descriptions of some typical emotions.

- **Anger:** a strong feeling of displeasure and usually of antagonism over something considered to be unfair.
- **Fear:** an agitated foreboding, often of some real or specific danger.
- **Anxiety:** a blend of uncertainty, agitation or dread and brooding fear about something. Anxiety is the fear that something *may* happen that will hurt. Persistent anxiety without an obvious cause is called free-floating anxiety.
- **Hate:** strong dislike combined with ill will toward someone or something.

- **Disgust:** a physical or emotional reaction comparable to nausea, brought about by exposure to something distasteful.
- **Guilt:** feelings of self-reproach for not living up to a valued standard of behavior. The ability to feel guilt depends on the development of a conscience during childhood.
- **Sadness:** sorrow caused by loss of something loved or familiar.
- **Embarrassment:** self-conscious distress caused by situations or by a person's actions.
- **Envy:** a painful awareness of an advantage enjoyed by someone else, and a desire to possess the same advantage. What is most envied often reflects the values of a family or a community.
- **Jealousy:** a close relative of envy, involving intolerance of rivalry. Jealousy includes elements of both anger and anxiety.
- **Surprise:** being taken unaware without any time to prepare. Surprise is the opposite of anticipation.
- **Anticipation:** giving advance thought to something so that there is no surprise. When people anticipate, they know what to expect.
- **Acceptance:** taking what is offered or what comes. Acceptance is a willingness to receive.
- **Love:** an emotion shown to be essential for survival. The most fulfilling emotion, love can involve romantic relationships, family relationships, friendship or a feeling about an activity or other pursuit.
- **Joy:** the emotion caused by getting or expecting something good. Prolonged joy is happiness.
- **Interest or curiosity:** the desire to know, the starting point for many creative processes.
- **Desire:** a conscious impulse toward something that promises to be enjoyable when it is attained.
- **Determination:** the ability to persist despite difficulties encountered. Determination is one of the most important positive emotions since it involves a sense of power, one of the conditions of high self-esteem.

Physical Changes

Feelings can cause physical changes. All body systems—circulatory, digestive, endocrine, nervous, respiratory and urinary—are involved in causing and responding to emotions. Strong emotion can involve most of the systems.

Being aware of physical changes can help people recognize their emotions. For example: When anger is experienced, an upset stomach or a headache may be the body's response. Being called on in class may make a student's heart race and cause the palms to perspire in response to the anxiety felt.

These reactions are the body's way of preparing individuals for stressful situations that require reaction. A person can control the physical response by learning to recognize feelings of stress and to deal effectively with stressful situations.

Emotional Growth and Maturity

Emotional growth and maturation continue throughout life. Awareness of emotions is heightened during adolescence, a period of rapid growth characterized by mood swings, anxiety and insecurity.

Being emotionally mature means being able to live comfortably with one's "authentic self"—the person one really is. To learn to live comfortably with oneself requires self-reflection and understanding. This process may not be easy, because people often have difficulty seeing themselves clearly.

Learning to live with oneself requires self-acceptance despite awareness of one's flaws and limitations. Maturity depends on ability and willingness to live as one truly is rather than as the person others wish one to be. Several psychologists have described the process of emotional growth in different ways.

Erikson's Social Development Stages

Psychologist Erik Erikson studied development as it relates to social interactions. He identified the following eight stages of development:

- basic trust versus mistrust
- autonomy versus shame and doubt
- initiative versus guilt
- industry versus inferiority
- identity versus role confusion
- intimacy versus isolation
- generativity versus stagnation
- integrity versus despair

- **Basic trust versus mistrust:** This stage occurs from birth to about one year. If children feel loved, they develop a sense of trust. Without this feeling, they develop a sense of mistrust.

- **Autonomy versus shame and doubt:** At this stage, which extends from about ages one to three, children who are praised for learning and for control of bodily functions learn to be independent. Criticism and neglect lead to shame and doubt.

- **Initiative versus guilt:** Between the ages of about three and six, praise for children's efforts helps them develop initiative. Criticism instead of praise leads to guilt.

- **Industry versus inferiority:** This stages lasts from the ages of about six to twelve. If children develop feelings of worth and competence in this stage, they want to learn and be productive. Children who lack self-worth and are not productive feel inferior.

- **Identity versus role confusion:** This stage occurs during adolescence, from about age 12 to the late teens. In this stage, sexual maturation and questions about identity lead

to development of friendships. Adolescents who are unable to separate from their families feel confused about their adult roles.

The last three stages are stages of adulthood.

- **Intimacy versus isolation:** Intimacy refers to the ability to gain companionship. Isolation is its lack.

- **Generativity versus stagnation:** This trait relates to the desire to be productive and contribute to future generations.

- **Integrity versus despair:** This aspect relates to the view of one's life as productive and satisfying.

Piaget's Theories of Development

Jean Piaget, a Swiss psychologist, focused on the stages of intellectual development. The ages at which these stages occur are an estimate, and they will vary for different people. Some people never move on to the next developmental stage. Piaget identified the following four stages of development:

- sensorimotor
- preoperational
- concrete operational
- formal operational

- **Sensorimotor:** The sensorimotor stage extends from birth to about age one or two. In this stage, children tend to believe that what feels good is good. Because they have not learned to speak, their thoughts are expressed through actions.

- **Preoperational:** In the preoperational stage, which lasts to about age seven, children begin to have thoughts of their own, but they have not yet learned to think logically. They believe wishes come true. They also believe that inanimate objects have feelings and that objects may want to hurt them.

- **Concrete operational:** At this stage, which extends from about ages seven to eleven, children need to experience events for them to be real. Descriptions of events must be grounded in the reality of their lives. No abstract descriptions will help children grasp the value of certain behaviors.

- **Formal operational:** At this stage, which occurs in adolescence, people develop complex reasoning and problem-solving abilities. They are aware of consequences and can complete "if..., then..." thoughts.

Enhancing Emotional Growth

You can actively take charge of your emotional development using the following four-step plan:

- Construct a mental picture of yourself, including cognition (how you process information), affect (your priorities and values) and performance (your skills and behaviors).
- Accept the mental picture and consider how the elements can be used to help you grow emotionally.
- Test your perceptions by undertaking a new experience or re-experiencing something in a new way.
- Use the new information about yourself and others to reframe the mental picture into a new picture of yourself.

This process can be used for periodic self-evaluation throughout your life.

Adapted from W. Payne and D. Hahn. 1992. *Understanding Your Health.* 3d ed. St. Louis, MO: Mosby-Year Book, Inc.

Prescription for Emotional Health

While each person is unique and has the capacity for continued emotional growth, some facts about emotional health apply to everyone. These "general principles" for emotional health include:

- Knowing oneself—how one really feels, not how others think one should feel.
- Recognizing that people can change behavior. Human beings are adaptable.
- Acknowledging and expressing feelings that will otherwise do silent damage.
- Avoiding generalization from a specific failure to a general feeling of failure.
- Keeping daily stresses in perspective.
- Cultivating the habit of positive thinking.
- Exercising regularly.
- Setting realistic goals that can be achieved.
- Maintaining a healthy balance between work and play.

The Role of Personality

A person's authenticity is judged on the basis of his or her personality. While the term *personality* has many general meanings, psychologists use it to refer to an area of study dealing with complex human behavior, including emotions, actions and cognitive (thought) processes. Psychologists who study personality examine the enduring patterns of behavior that make individuals different from one another.

Jung's Classifications

Throughout history, people have tried to characterize personality traits and types. In ancient Greece, Hippocrates divided individuals into types such as sanguine (cheerful) and melancholic (depressed). More recently, Swiss psychologist Carl Jung

classified people according to patterns in the way they prefer to perceive and make judgments. According to Jung's theory, all conscious mental activity occurs in two perceptual processes, sensing and intuition, and two judgment processes, thinking and feeling. Everyone uses all four processes, but people differ in how much and how well they use each of them.

In each person, one of the processes is dominant, indicating the basic way the person approaches life. People also differ in whether they are mainly people-oriented (extroverted) or privately oriented (introverted).

The Meyers-Briggs Type Indicator

Isabel Meyers and Katherine Briggs elaborated Jung's ideas of psychological type and added a fourth dimension—attitude toward the outer world. People who use a "judgment" process to run their lives have a drive to have things decided, organized and managed according to a plan. People who operate with a "perception" process have a drive toward keeping things open to new perceptions, staying flexible and experiencing life as widely as possible.

Meyers and Briggs developed a questionnaire to assess personality "type." The Meyers-Briggs Type Indicator, or MBTI, is considered one of the most valid and reliable tools for personality assessment. It was designed to help people understand themselves and others by helping them to appreciate the different gifts of each psychological type.

The MBTI has four bipolar preference scales, which describe characteristics at opposite ends of a continuum. Results of the MBTI are reported as four letters, one for each of these bipolar scales. The sixteen possible combinations of preferences are called types. Each of the types has a different style of learning and functioning. The following list describes the bipolar scales.

- **Extraversion or Introversion (E or I):** Extraversion shows a preference for drawing energy from the outside world or people, activities or things, while introversion shows a preference for drawing energy from the internal world or ideas, emotions or impressions.

- **Sensing or Intuition (S or N):** Sensing involves a preference for taking in information through the five senses, while intuition involves a preference for taking in information through a "sixth sense."

- **Thinking or Feeling (T or F):** Thinking indicates a preference for organizing and structuring information to make decisions in a logical, objective way, while feeling involves a preference for organizing and structuring information to make decisions in a personal, value-oriented way.

- **Judging or Perception (J or P):** Judging indicates a preference for living a planned and organized life, while perception indicates a preference for living a spontaneous and flexible life.

The Influence of Freud

Sigmund Freud's psychoanalytic theories have had a great influence on the study of personality, although in recent years they have been modified by psychologists to take greater account of social and environmental factors. According to Freud, the personality has three parts:

- the *id*, representing instinctive impulses of sex and aggression
- the *ego*, representing the demands of the real world
- the *superego*, or conscience, representing standards of behavior incorporated into the personality during childhood

Freud believed that mental life is characterized by internal conflicts that are largely unconscious. Impulses from the id seek immediate gratification, but they conflict with the ego and the superego. When unacceptable impulses arise, they cause anxiety. To reduce the anxiety, various personality defenses are used, including:

- *displacement*—transferring emotions from their true object to a less threatening substitute
- *repression*—keeping threatening memories, feelings or wishes from becoming conscious
- *denial*—refusing to accept a painful fact
- *rationalization*—substituting "good" reasons for the real motivations of behavior
- *projection*—attributing one's own unacceptable feelings to someone else

Contemporary Approaches

Both trait or type theories and psychoanalytic theories assume that broad internal personality dispositions determine behavior in many situations. Other researchers find that what people do, think and feel may depend greatly on the specific conditions under which the behavior occurs. Because of this observation, some contemporary approaches stress the role of specific social experiences and environmental events in the development and modification of behavior, by studying how people categorize and respond to situations.

Behavior in specific situations can depend on motivational factors. For example, children more readily imitate models who are powerful or who reward or take care of them. As children develop, they copy behaviors from many models, including friends as well as parents. Over time, people develop an enormous set of potential behaviors.

Exposure to particular social and cultural conditions at home, at school and in other environments also causes people's cognitive and social learning experiences to vary. While personality traits may predict many important aspects of behavior, the setting in which behavior occurs often can help predict what people will do.

1-Minute Facts

- People with good mental health are resilient.
- Mental health is built upon all the experiences in a person's life.
- Emotions occur as a complex sequence of events.
- It is normal and healthy to experience a broad range of emotions.
- Emotional growth and maturation continue throughout life.
- While each person is unique, there are some facts about emotional health that apply to everyone.
- Psychologists who study personality examine the enduring patterns of behavior that make individuals different from each other.

Self-Esteem

Myth: People with high self-esteem are conceited.

Fact: Self-esteem is not the same thing as conceit. Self-esteem is an essential part of the development of people's ability to take charge of their lives. People with high self-esteem feel good about themselves.

Self-esteem is a crucial component of mental and emotional well-being. Simply put, self-esteem is the way people feel about themselves. People with high self-esteem are able to feel a sense of satisfaction that comes from an awareness of their own inner resources.

For children, having high self-esteem results in a sense of security and a willingness to explore the world. High self-esteem helps children and youth take risks that foster growth, communicate with friends, cope with stress, set goals and make decisions.

Children and youth with low self-esteem have trouble meeting the demands of life—having friends, raising their hands in

class or even choosing what they want to eat for breakfast. Low self-esteem has been found to be a common link between many of the problem behaviors exhibited by children and youth.

What Is Self-Esteem?

Since self-esteem is a feeling, it cannot be directly observed. However, the *effects* of self-esteem can be observed by noting people's actions and listening to what they say.

Self-Esteem Is Reflected in Behavior

Some key behaviors can help reveal whether a person has high or low self-esteem.

People with high self-esteem:

- are proud of their accomplishments
- act independently
- assume responsibility easily
- tolerate frustration
- approach new challenges with enthusiasm
- feel capable of influencing others

People with low self-esteem:

- avoid situations that stimulate fear or anxiety
- demean their own talents
- feel unliked and unwanted
- blame others for their failures
- are overly influenced by others
- become easily frustrated
- feel powerless

Self-Esteem Is a Pattern

Self-esteem can be influenced by experiences and events. Even people with generally high self-esteem may feel doubt and anxiety when faced with new and challenging experiences. If their self-esteem is high enough, they can pass through the

anxiety quickly and find a way to meet the challenge. People with high self-esteem can regain their equilibrium within a reasonable period of time. They are resilient.

Understanding individual self-esteem, therefore, requires seeing the *pattern* of behavior, not just considering isolated behaviors. The same behavior can mean different things for different people, depending on their self-esteem.

Self-Esteem Is Different from Self-Concept

Sometimes the terms *self-esteem* and *self-concept* are used synonymously. This practice confuses the issue and obscures the meaning of self-esteem.

Self-esteem has to do with feeling, while self-concept has to do with thinking. Self-esteem is unconscious and expressive, and affects everything a person does, especially when an action has some emotional content.

Self-esteem is something that emanates from each person. While it is apparent to anyone sensitive enough to see its expression, it is not a part of a person's conscious analytical processes and so cannot be used for effect.

Self-concept, on the other hand, is a cognitive process. It is a conscious set of beliefs about oneself that influence behavior. It is something people can consciously manipulate and report on verbally.

Sometimes, programs that propose to build self-esteem in students are actually working with self-concept. Self-concept is embedded in the processes of self-esteem, but changing self-concept alone will not change self-esteem, or the way people feel about themselves. Changing self-concept may have short-term observable effects, whereas raising self-esteem involves a variety of experiences over time that change the way one feels.

Self-Esteem Is Complex

What works to raise the self-esteem of one person may not evoke the same response in another person. Self-esteem is a complex phenomenon. Because of this complexity, it is easily misunderstood.

According to Reynold Bean (1992), self-esteem is a state that results from four "conditions" being met. These conditions are found within the individual and in the environment. Bean offers the following reasons for the variations in responses people may have to efforts to raise their self-esteem:

- The four conditions are somewhat independent of one another.
- Individuals can have more or less of each of the conditions.
- The environment can have more or less of each of the conditions.
- One person's self-esteem problem may be very different from another's.

Conditions of Self-Esteem

The four conditions or feelings people need to experience in order to have high self-esteem are as follows (Bean, 1992):

- a sense of uniqueness
- a sense of connectiveness
- a sense of power
- a sense of models

The term *sense* is used to acknowledge that these feelings often are generalized, pervasive, subtle and even unconscious. Each of the four conditions involves many issues.

People with high self-esteem experience all of the feelings frequently, in different circumstances and with a high level of intensity. Those with low self-esteem have difficulty feeling one or more of the conditions. When one or more of the conditions is missing, feeling "bad" is the result. Persistently feeling bad is a sign of low self-esteem.

■ **Sense of Uniqueness:** A sense of uniqueness relates to a person's feeling that she or he has qualities that are special

and different. To develop a sense of uniqueness, one must receive confirmation from others that one's special characteristics are important and good.

The sense of uniqueness is formed over time, beginning with the accumulated responses that adults give to children's self-expression. The earliest responses are to emerging developmental competencies, such as walking, talking or interacting with others. Later, responses are given to more complex expressions of self—for example, those having to do with imagination or with complex cognitive abilities (such as the capacity for making up jokes). Positive responses to self-expression produce a high sense of uniqueness; negative or critical responses result in a lower sense of uniqueness.

- **Sense of Connectiveness:** A sense of connectiveness is the ability to gain satisfaction from the individuals, places or things a person feels connected to. A person might feel connected to any of the following:
  - individuals who are important and influential in his or her life
  - groups that represent important values, such as people within an ethnic group, class, team or gender
  - institutions, objects, places or activities the individual feels are important

The value of these connections must also be acknowledged by those the individual considers important.

The sense of connectiveness begins to be formed at birth, since children's capacity for trust is thought to be developed in infancy. The ability to trust is basic to relating effectively to others. People who can trust have a high sense of connectiveness; people who cannot have a low sense of connectiveness. Early experiences within the family affect a child's sense of connectiveness through two major factors:

- the degree to which there is a consistent context of warmth, affection, good communication and satisfying relationships

- the degree to which children have experienced severe emotional losses, and whether or not these losses have been repaired

■ **Sense of Power:** A sense of power means that a person has the competence to do the things she or he must do, the resources to effectively express this competence, and the opportunity to influence important circumstances of her or his life.

The more areas of competence people have and the more skillful they are at using them, the more confident they are in meeting new circumstances. Those with an adequate sense of power have less need to control or manipulate others. Bullying, avoidance of challenge, irresponsibility, and disabling fears are all signs of a diminished sense of power.

The sense of power results from the range of decisions people have made successfully. Within a family, the sense of power is formed by the way in which parents allow their children to make decisions and carry them out successfully. The child's need for self-expression is balanced with the need for order and safety in the family.

■ **Sense of Models:** Models are reference points that guide a person's behavior. In order to have high self-esteem, people need these reference points to help them make sense of the world and to set their own goals, values and personal standards.

Models can be human, philosophical or operational. Human models are real or fictional people who are emulated by others. Philosophical models are ideals, values or beliefs (such as ethical principles) that can influence choices and behavior. Operational models are personal behaviors learned through repetition, which one learns to perform without thinking—such as saying "thank you" or "excuse me."

According to Bean, the sense of models—the feeling of satisfaction associated with thinking processes—starts to develop very early in life and can be noticed in infants as

young as four to six months old. Development of a sense of models depends on the experiences people have had using their models and patterns of behavior, the ways in which they have been rewarded or acknowledged for these experiences, and the degree to which learning and understanding are valued in their families.

When people's past experiences help them make sense of new experiences, they have a high sense of models; this condition produces feelings of safety, comfort and satisfaction. Those who have a low sense of models evince confusion, disorganization, anxiety and a reluctance to trust their model-building faculties. In a sense, these people don't feel good about thinking itself, the process of seeking patterns in their experiences and in the world they live in.

Arenas of Self-Esteem

Individuals experience self-esteem in three arenas: the personal arena, the interpersonal arena and the group arena.

- The **personal arena** is where people experience their internal states or feelings. These feelings are their own unique combinations of the four conditions of self-esteem—uniqueness, connectiveness, power and models. Feelings can be inferred from behavior. Behavior can be observed and analyzed to determine individuals' self-esteem strengths and weaknesses.

- The **interpersonal arena** refers to the direct one-on-one interactions people experience. The key to making self-esteem interventions work with individuals is to remember that strategies enhancing one condition of self-esteem do not necessarily work to enhance the others. Adults who are skillful at enhancing self-esteem in others are highly flexible in selecting ways to act with different people, depending on individual emotional needs.

- The **group arena** is any social system in which people participate. In this arena, rules, procedures, norms and other activities occurring in groups influence self-esteem. Different group activities have varying effects on self-esteem. Group activities based on respect for the needs of the individuals in the group foster the personal comfort and safety of all group members.

Cultural Diversity and Self-Esteem

Self-esteem is intimately connected with the ways people view themselves and others. Having high self-esteem allows one to appreciate both oneself and other people, and this process is cyclical. The more self-esteem and self-confidence increase, the easier it is to become accepting of others. Increasing self-esteem is thus essential to creating bias-free learning environments in the classroom and to combating negative stereotypes and promoting acceptance and appreciation of human diversity.

Learning to value and respect cultural differences is becoming more and more essential as American society becomes increasingly diverse. According to Ana Matiella (1991), who has written extensively on multicultural issues in education, there are at least three reasons to acknowledge cultural differences.

- Ignoring differences denies the emergence of self.
- Ignoring differences hinders self-esteem.
- Ignoring differences does a grave disservice to students.

Students taught to ignore differences lack the skills they need to live in today's multicultural world.

People with low self-esteem are more likely to be critical of others, and this lack of acceptance of self and others can lead to prejudice and discrimination. Matiella offers some specific suggestions for ways to enhance each of the four conditions of self-esteem for both individuals and groups of students in a classroom.

- The **sense of uniqueness** offers a perfect opportunity to help students identify differences as positive. Unfortunately, students from diverse cultural and ethnic backgrounds may have experienced negative feelings about being different if their cultural values and traditions have not been regarded as positive. Activities such as the following can help to develop a sense of uniqueness:
  - Providing opportunities to share positive ways in which students are different from one another—for example, self-portraits, favorite things to do or languages spoken.
  - Helping students to see their affiliation with an ethnic group as a source of pride and a positive influence on who they are.

  However, individual uniqueness is not seen as a positive attribute in all cultures. In some cultures, the individual should not stand out from the family or other social group. In these cases, the sense of uniqueness stems from being part of a family, a community and an ethnic group.

- Activities that enable students from diverse backgrounds to share common as well as different experiences help strengthen a **sense of connectiveness**. Such activities include:
  - Asking students to show or share things about their families and their ethnic backgrounds as a get-acquainted activity. Students can be helped to identify similar interests and common values.
  - Requiring students to work together to complete cooperative tasks—such as murals, plays, sports or other games.

- Allowing students to plan class parties, field trips or other special events for the whole class. Diversity can be incorporated into these projects.

■ Building a **sense of power** in students requires a feeling of emotional and physical safety. The caring atmosphere of a bias-free environment is ideal for helping students who may come to the classroom with negative experiences in this condition.

Activities such as the following help develop a sense of power:

- Involving all students in setting rules for the classroom.
- Helping students identify their skills and abilities, broadly defined to include things such as friendliness or sense of humor.
- Introducing group decision-making processes such as voting.
- Providing clear and consistent standards of academic performance and maintaining high expectations for all students.

■ A **sense of models** can be developed by broadening the range of models students view as significant. Students from diverse cultural and ethnic backgrounds may be exposed to few examples of success whom they can emulate. Success is often defined in terms of money, glamour, political power or athletic prowess, especially in the media.

Few models in these areas are members of diverse cultural and ethnic groups. In encounters with professionals—such as teachers, doctors or librarians—if there is no one the student can identify with, the message is, "You can't." In the media—television, movies, magazines, books—if there are no role models, or no one students can see themselves reflected in, the message is, "You have no worth."

Roberto Vargas and Samuel Martinez, in their classic *Razalogia: Community Learning for a New Society* (1984), call these messages the "El No" model. Although presented

in the Spanish idiom, the model applies not only to Latino students but to all students perceived to be "different" and who feel alienated and powerless in the school and in society—due to ethnicity, gender, sexual orientation, weight or other characteristics.

The following activities help students develop a sense of models:

- Emphasizing visible, everyday role models, such as parents, older siblings and other extended family members, as well as community leaders and famous people. The range of models of strength and accomplishment for students should go beyond what is presented in the media. (Human models)
- Introducing students to leaders from diverse cultural and ethnic groups. (Human models)
- Providing students with age-appropriate models for making decisions, setting goals and resolving conflict. (Philosophical models)
- Establishing and discussing guidelines for classroom behavior and standards for grading work, to provide clear and consistent models for success in the classroom. (Operational models)

Body Image and Self-Esteem

Self-esteem and body image are intimately connected. Body image includes the way people view themselves as well as the way they believe others view them. Body image is not static; it changes as people receive feedback from the environment. Some experts suggest that body image should actually be called body images or body experience.

People with high self-esteem usually feel positive about their bodies, while people with low self-esteem are frequently quite dissatisfied with their bodies. Likewise, feeling good about appearance and physical attributes and capabilities enhances

self-esteem. Unhappiness or displeasure with the body has a negative impact on self-esteem. Body image is related to each of the four conditions of self-esteem.

- The **sense of uniqueness** can be harmed if an individual's body image does not fit the societal norm, resulting in *negative* feelings of uniqueness. Rather than being affirmed for what they are, people may feel judged for what they are not. If people feel that their individual qualities are not valuable or special, their sense of uniqueness suffers.

  Body image includes not only issues of body weight and size, but also other physical features. Some of these features may be associated with ethnic differences—for example, brown skin or curly hair.

- The **sense of connectiveness**, like the sense of uniqueness, is weakened by feelings of being different in a negative way—or, as anthropologist Gerald Berreman has described, by "invidious distinctions." These kinds of negative distinctions lead to prejudice and discrimination, which are always unfair. When individuals experience discrimination that is linked with their body images, their sense of connectiveness may suffer.

- The **sense of power** can be diminished by a poor body image. For example: People who are perceived to be larger than normal may be criticized by others for their behavior around food and may begin to feel that they are incapable of controlling their eating. People who don't feel a sense of confidence in their bodies may not feel able to direct the body's performance in physical activity.

  Such experiences have a negative effect on the sense of power. Those people, especially boys and young men, who are smaller or weaker than others may also suffer a diminished sense of power.

- A high **sense of models** also is more difficult to attain for those whose physical appearance does not fit the limited "ideal type" most frequently represented in American popular culture. In this weight-conscious society, larger people may have a difficult time finding models. People from varied cultural and ethnic backgrounds and people with other physical differences may also see few models to emulate. The lack of models emphasizes differences in an unaffirming way.

1-Minute Facts

- Self-esteem is a crucial component of mental and emotional well-being.
- The effects of self-esteem can be observed by noting a person's actions and listening to what a person says.
- Understanding self-esteem requires seeing the *pattern* of behavior, not just considering isolated behaviors.
- What works to raise the self-esteem of one person may not evoke the same response in another person.
- The four conditions people need to experience in order to have high self-esteem are a sense of uniqueness, connectiveness, power and models.
- Individuals experience self-esteem in three arenas: the personal, the interpersonal and the group arena.
- Having high self-esteem allows people to appreciate both themselves and other people and makes it easier to accept differences.

COMMUNICATION

MYTH: People who say what's on their mind are good communicators.

Fact: Communication involves both a sender and a receiver. A good communicator is also a good listener.

The ability to communicate with others is central to good mental and emotional health. How well people communicate with those they care about can have a direct effect on self-esteem and the quality of relationships with others. Good communication skills can help a person learn more about the self and others. Poor communication can cause misunderstandings, leading to feelings of anger, mistrust and frustration in relationships with family, friends, teachers and others. Ultimately, poor communication skills can lead to feelings of isolation and loneliness.

Communication—the ability to express thoughts, feelings and reactions, and to exchange information through a common system of symbols, signs or behaviors—is a skill that must be learned.

Types of Communication

Communication refers to all the ways that people send and receive information. Communication can be verbal, nonverbal or both. Human beings are exposed to many types of communication, and they use a variety of stimuli to help them understand and process information. In American society, much information is imparted verbally or visually—through conversations, radio, television, newspapers, magazines or movies. However, information is also transmitted in other ways.

The senses are used as major transmitters of information, so they are important in communication. Information is received through taste, touch and smell, as well as through hearing and sight.

Some people have physical conditions that make it impossible for them to communicate in certain ways. A person who is blind may not experience visual communication, but can experience verbal and tactile communication, or information received through touching. A deaf person may communicate using sign language, writing, lip-reading and body language.

Verbal Communication

The use of words and language to convey a message is called verbal communication. Verbal communication can be one-way or two-way.

In *one-way* verbal communication, information is passed from one person to another with no opportunity for feedback. Most television and radio broadcasts are examples of one-way communication (call-in shows are exceptions). One-way communication does not allow the listener to ask the speaker questions that might clarify the message, nor does it allow interactions between people.

Two-way verbal communication allows for information to be passed with limited feedback from the listener to the speaker.

Most people communicate by talking. They must learn to send messages that accurately describe to the listener what they are trying to convey, whether it is information, instructions, thoughts, feelings, beliefs or other types of material. Communicating well verbally requires developing both speaking skills and listening skills. The context of what is said is also important.

- **Speaking skills** are ways to ensure that spoken messages are clear. When these messages are unclear, communication problems, including misunderstandings, are more likely to occur. Clear messages are specific. For example, in planning an activity with a friend, it is important to spell out what the activity will be, where and when.

  When discussing a problem with someone, letting the listener know what type of response is needed is another important speaking skill. Does the speaker want just a listening ear or suggestions on what to do? Is the listener's opinion being solicited? Or is the aim to get support for an already-made decision?

  How something is said also matters. The meaning of a statement can change as the underlying emotion changes. Different tones of voice, with different underlying emotions (such as anger, fear, pleasure or anxiety) communicate entirely different messages to the listener. How quickly or slowly someone talks can also affect the message conveyed. For these reasons, two people can say exactly the same thing and give two different messages.

- **Listening skills** are basic to the verbal communication process. In some cases, listening can be harder work than speaking. Active listening involves more than just hearing what the other person is saying. It involves hearing the message and understanding what the other person is feeling—trying to see the situation through the other person's eyes.

Active listening also includes giving the other person feedback about what has been said. One way to do this is for the listener to paraphrase and restate what has been heard in his or her own words.

- **Context** also helps to determine the overall meaning of a message. Context means both the physical and the emotional setting in which a verbal message is given.

  The physical context includes where, when and with whom the conversation takes place. The same remark made in different contexts can mean different things. For example, a joking remark made to a friend after school could have a different meaning than the same remark made in front of a teacher.

  The emotional context of a message includes the frame of mind of the person giving the message as well as that of the person receiving the message. This context may be more difficult to determine. For instance, the speaker could be angry about something that happened earlier, and the conversation, though unrelated on the surface, could be reflecting that repressed anger.

MODERN TECHNOLOGY

Communications technology is very important in the modern world. Devices and systems that allow people to interact and clarify communication—such as fax machines, computer networking systems and fiber optics—are playing an ever more significant role in fast-moving American society. In the future, new technology will increasingly allow for instant, interactive access to information and new ideas.

Nonverbal Communication

People often communicate without using words. Nonverbal communication involves using symbols, signs or body language to convey a message. Sometimes these cues communicate more than the words that accompany them. Nonverbal cues can also help clarify a verbal message.

Often, information that is communicated nonverbally is information that people would feel uncomfortable putting into words. Nonverbal communication allows people to send and receive messages without the use of words.

The actions that reveal emotions may be conscious or unconscious. Some gestures, postures, facial expressions and other means of nonverbal communication are inherited, whereas others are learned. There are also cultural differences in learned nonverbal behaviors. For example, in American society, avoiding someone's gaze usually indicates shyness or guilt; but in Puerto Rico or Western Samoa, the same gesture conveys respect for the other person.

Humans communicate nonverbally primarily by the use of the following:

- signs or symbols
- body language
- touch
- facial expressions

■ **Signs or symbols** are important tools for communication. A number of everyday signs and symbols have meanings that most people understand. An arrow indicates which way to go. A badge or a uniform indicates someone with authority. Sign language is a system for communicating with people unable to hear and/or speak.

■ **Body language** is an important form of nonverbal communication. As people speak or listen, they also give messages with their bodies. Body movements are clues to thoughts and feelings. The way people dress may tell others about their profession, their activities or even their attitudes and beliefs.

People's posture often indicates how they feel. For instance, people who drag their feet and let their shoulders sag while walking give a message to anyone who sees them that they are sad or upset. People who slump at their desks convey the message that they are tired or bored. Sitting up straight, leaning forward and looking at the speaker indicates interest. A person who is tense and nervous may sit very rigidly. A student who is being disciplined may look down, communicating feelings of remorse or shame.

Body language may contradict verbal language, conveying a mixed message. People need to become aware of nonverbal messages and be sure that these messages are congruent with what is being spoken.

- **Touch** can be used to show several different emotions. Gentle touching of someone who is in emotional or physical pain expresses sympathy for that person. Putting an arm around someone communicates warmth and friendship. However, putting an arm around someone who doesn't like to be touched may elicit a different kind of reaction—a stiffening of the body that sends a clear message.

  The meanings and uses of touch vary not only individually but also culturally. In some cultures, people touch frequently, while in others, they may be more reserved. Different countries or cultures also have different ideas about what kind of touch is appropriate in which situations.

- **Facial expressions** and gaze are also powerful ways to communicate. Facial expressions are particularly important in communicating emotions. For example, smiles and laughter are usually associated with being happy.

  The ways people look at each other communicate feelings as well. People can express anger, fear, anxiety, love and other emotions in their look. They can also acknowledge territory. In American society, when two people in the street approach each other from opposite directions, as the distance between them closes to about eight feet, they are

likely to look away before passing one another. This is a mutual acknowledgment of territory; each person is in effect saying, "I'm sorry to be infringing on your territory, but it can't be helped." People use gaze along with other types of body language to maintain social distance.

Levels of Communication

People can communicate with each other on many different levels, depending on their relationship and situation. Communication can range from superficial to more intimate as relationships build.

Usually, levels of communication correspond to the level of intimacy in a relationship. People communicate on a different level with acquaintances than with close friends. Students may communicate on different levels with different teachers, depending on the length of the relationship and the level of trust that has developed. Joyce Fetro (1992) describes the following five levels of communication.

- cliché conversation
- giving information and reporting facts
- expressing ideas
- sharing feelings
- self-disclosure

■ **Cliché conversation:** This is the lowest level of communication, in which a person rarely shares any feelings or information about himself or herself. When meeting someone new, people engage in small talk, such as, "How are you?" and "Fine, thanks." Although cliché conversations may help to break the ice in order to be cordial or put people at ease, they will not lead to closer relationships.

- **Giving information and reporting facts:** This level involves reporting events without opinions and feelings. It often includes gossip—what happened to whom, when, where and why.

- **Expressing ideas:** At this level, people begin sharing information about themselves. There is more risk involved, as people begin to express thoughts, ideas, decisions and judgments. Since feelings of trust have not yet developed, the speaker may carefully observe the listener's response to the ideas. If judgment or rejection, rather than acceptance, are conveyed, the speaker may revert back to more impersonal levels of communication.

- **Sharing feelings:** This fourth level of communication moves toward a state of emotional understanding. People begin to know each other by sharing feelings and emotions. Instead of just expressing ideas about a situation, people share how the situation makes them feel.

  This level of communication can be difficult for some people, particularly if they have been brought up to hide their feelings. Sharing feelings can also lead to a sense of vulnerability, but unexpressed feelings can lead to anger and frustration. Learning to express feelings honestly and openly can be one of the first steps in managing stress.

- **Self-disclosure:** This is the highest level of communication, reserved for intimate relationships between friends, family and partners. Usually, this level of communication doesn't last for long periods of time, and it is a part of very few relationships. It is characterized by sharing of each other's happiness, sadness, pleasures, fears, joys, dissatisfaction and other emotions.

Communication Barriers

As people communicate, they don't always understand each other, and they don't always communicate well. The messages received can be affected by many factors. Communication barriers are a type of interference that can confuse the meaning of the message.

Most communication barriers can be overcome. To do so, people must first recognize that a particular behavior is interfering with communication. Next, they must learn how to overcome the barrier. Finally, they must practice until the old behavior is replaced by the new skill. The following are some of the more common barriers to communication:

- not explaining well
- conflicting messages
- not listening well
- personal biases
- interrupting

- **Not explaining well:** Sometimes people don't explain things well. They may assume that someone understands what they have said, and leave out information they think others know. The words they use may be too long, too colloquial or too euphemistic for others to understand.

- **Conflicting messages:** Sometimes verbal and nonverbal messages don't agree. The words may be conveying one meaning, while the body language reveals another.

- **Not listening well:** Sometimes people don't listen well enough. Listening is not only hearing what the speaker has to say, but also sensing what the speaker is feeling and observing the body language. Active listening is hard work, and there are many things that can get in the way. People may focus on their own thoughts and feelings rather than on what is being said, or they may be thinking of what they are going to say next instead of listening to what is being said at the moment.

- **Personal biases:** Sometimes people don't listen to others because they don't like or agree with what others are saying. Personal biases may interfere with the ability to understand the other person's perspective. People may decide that another point of view is not valid because it is different from theirs.

- **Interrupting:** Sometimes people cut others off. They may interrupt or dominate the conversation, causing others to become so hurt or angry that they stop trying to communicate or express a point of view.

The following techniques can help overcome barriers to communication:

- Asking for more information (e.g., "I don't understand the meaning of that word. Would you please explain further?").
- Restating what you think you heard (e.g., "Are you saying that...?").
- Explaining what you think happened (e.g., "I feel that you cut me off in mid-sentence").
- Communicating your feelings (e.g., "I get angry when I am put down for my opinions").
- Trying to stay calm. Losing your temper blocks the ability to send clear messages or listen to the response.

Communication and Relationships

Good communication skills are essential for the development of social relationships. Mentally healthy people feel comfortable with other people and can give and receive love. Relating to others in a healthy way is part of good mental health.

The following three qualities are important prerequisites to the development of meaningful relationships (Fox, 1990).

- self-identity
- self-esteem
- a sense of control

■ **Self-identity:** Self-identity is the way people describe themselves based on the roles they play and the personal attributes they think they possess. Attributes such as school achievement, perceived social status among peers and perceived self-worth within the family structure are related to self-identity.

According to Marcia (1980), achieving self-identity enables an individual to move ahead to the next stage of psychosocial development—forming stable, committed interpersonal relationships. People must be friends with themselves before they can establish meaningful friendships with others.

The Role of Personality

Communication can be affected by differences in personality type. Different personality types may have vastly different styles of communicating. For example, a person with an "introverted-thinking" personality orientation on the Meyer-Briggs Personality Inventory might consistently focus on objective analysis or logic in making judgments or decisions, without taking into account people's feelings.

When such a person communicates with a person with a feeling orientation, whose judgments and decisions tend to be based on subjective feelings and values, the two may have difficulty understanding one another. Some personality types tend to be vague and abstract in the ways they communicate, while others are more concrete and specific.

- **Self-esteem:** Self-esteem is the level of satisfaction people feel with their roles and their personal attributes. It is a measure of how much people value themselves.

  According to Erikson (1959), self-esteem continues to develop over the course of a lifetime. During adolescence, individual self-perceptions may be more easily influenced by peers than by adults.

- **A sense of control:** The term *locus of control* relates to whether individuals are oriented to an internal or an external control of behavior. People who believe that they can control the outcomes of their decisions and actions are said to have an internal locus of control. People who believe that they are powerless to control the outcomes of their decisions and actions have an external locus of control.

  These generalized expectancies may have important consequences for the way in which people respond to their social environment. An internal locus of control is related to feeling more self-directed, while an external locus of control is related to a need for group direction.

  Current thinking is that locus of control may vary within an individual from situation to situation. People who are most responsible understand how much influence they have in a given situation and respond accordingly. As adolescents come to accept themselves and experience high self-esteem, they will feel more in control of life situations.

Developing and maintaining relationships requires a variety of communication skills, including:

- friendship skills
- assertiveness skills
- refusal skills

Giving and receiving love is also important, as is the ability to end a relationship.

Friendship Skills

While close friendships are important at all stages of life, they are especially needed by adolescents. Friendships help ease the transition from childhood to adulthood, providing many of the essential experiences and opportunities for self-definition required for forming self-identity.

In these times, friends often fill a void that can be created by a troubled family situation. Friends share their feelings to help each other resolve personal and interpersonal conflicts and problems (Garbarino, 1985).

Adolescents who have problems developing and maintaining friendships are more susceptible to peer pressure and are more likely to participate in high-risk behaviors (such as smoking or using alcohol and other drugs). Often, adolescent girls enter into sexual relationships when they are searching for close or intimate friendships.

The development of close friendship requires the following essential skills:

- the ability to keep confidences
- the ability to understand and empathize with others
- the ability to practice active listening
- the ability to communicate by using I-statements

■ **The ability to keep confidences:** Close friendships depend on mutual feelings of loyalty and trust. When trust is violated, friendships are severely damaged.

■ **The ability to understand and empathize with others:** To understand and empathize, a person must "walk in another's shoes" and be able to accurately sense the other person's thoughts or feelings. These abilities enable an adolescent to gain social competence through meaningful interpersonal relationships.

- **The ability to practice active listening:** This skill is difficult to acquire, but it is vital because it helps develop understanding and empathy. Active listening also helps the speaker to feel worthy of another person's time and undivided attention. Active listening skills include establishing eye contact, listening without interrupting, listening without thinking about the response that will be made, and learning to empathize with others.

- **The ability to communicate by using I-statements:** Using statements that start with "I" instead of "you" avoids situations where people feel blamed and threatened. "You" statements can cause people to become defensive and to stop listening. Using I-statements helps create an atmosphere conducive to resolving misunderstandings. Being able to disagree and resolve problems is important in learning to develop and keep close friendships.

Assertiveness Skills

Assertiveness is an important component of communication. Assertive people say what they think and stand up for what they believe, want or need without hurting other people or denying the rights of others.

Assertive behavior is not aggressive behavior. Aggression involves overreacting to situations, blaming or criticizing others, and may even involve physically attacking other people, with no consideration of their rights. In contrast to both assertive and aggressive behavior, passive behavior means doing something one doesn't want to do or making up an excuse, rather than telling others how one really feels.

The need to be accepted by peers and the fear of being criticized and labeled may result in people doing what others want them to do, rather than what they themselves would like to do. Young people in particular may find themselves in situations where it is difficult to express their thoughts and feelings openly and honestly. Assertiveness skills can increase

people's likelihood of getting what they want, which in turn increases self-esteem and decreases frustration and stress and the likelihood of being taken advantage of by others.

Being assertive involves taking the following three steps:

- stating a position
- offering a reason or explanation
- acknowledging the other person's feelings

■ **Stating a position:** In refusing to do something, the first step is to say no. To get others to do or not do something, the first step is to state what the problem is or what has to be changed. In expressing thoughts or opinions, the first step is to make a statement about what one thinks and how one feels.

I-statements are an effective communication tool. I-statements allow people to express feelings directly without criticizing or attacking others. I-statements allow people to take responsibility for their own thoughts, feelings and needs without blaming others.

A typical I-statement names a feeling (I feel...), describes the behavior at issue (when...), describes the effect of the behavior (because...) and identifies the action desired (I want...). For example: *I feel* really hurt *when* you make fun of me, *because* I feel as though you don't really like me. If we're going to be friends, *I want* you to treat me like one.

■ **Offering a reason or explanation:** A reason or explanation may not be necessary, but it can help others understand a position. This step can also be part of an I-statement. For example: I want you to be my friend because friends are important to me.

■ **Acknowledging the other person's feelings:** Listening skills are also an important part of assertive communication. Feelings can be acknowledged with statements such as I know that you are angry or I heard you say that you feel sad.

Refusal Skills

Most people care about what others think. Adolescents care very deeply because they are at a stage of development when their need to belong and to be accepted far outweighs their need to be independent.

People often fear that saying no will result in the loss of a friendship or relationship. Good refusal skills enable people to give verbal and nonverbal messages that clearly say no and yet don't jeopardize relationships. The following are effective refusal skills:

- saying no
- using body language
- repeating the refusal
- keeping the refusal simple
- using agreement or humor
- using delaying tactics
- suggesting another activity

- **Saying no:** Clearly say the word *no*. No series of words can replace the word *no*.

- **Using body language:** Be sure that body language supports the "no" message. Such body language can include using a serious expression, strong voice or face and arm movements emphasizing the message, turning the body away or walking away.

- **Repeating the refusal:** Pressure situations often require saying no many times before the message is accepted. This technique is sometimes called the "broken record."

- **Keeping the refusal simple:** People do not have to explain why they don't want to do something (although they may choose to do so).

- **Using agreement or humor:** Agreeing or making a joke can help a person maintain control over the situation by keeping the discussion positive.

- **Using delaying tactics:** Pretending not to hear what was said or changing the subject can be useful. These tactics may be particularly helpful when someone is unable to make a decision about what he or she wants to do. Phrases such as, "I'll need time to think about that" or "I'm not ready to make that decision now" can allow additional time to think about positive and negative consequences of an action and time to consider and practice a response, should the pressure situation arise again.

- **Suggesting another activity:** Suggesting an alternate activity allows additional time for decision making and may also change the focus of the group or person applying pressure.

Loving and Being Loved

Loving and being loved are basic human needs. People first learn about forming relationships within their families, beginning at a very young age. Relationships can be described by considering the following three components (Sternberg, 1986):

- intimacy
- passion
- commitment

- **Intimacy:** Intimacy includes feelings of closeness that are experienced in loving relationships. People experience intimacy with family, friends and lovers. Friendship contains intimacy and is usually the first type of relationship people experience outside their families.

- **Passion** refers to the drives that lead to romance, physical attraction and sexual interaction. It may develop rapidly in a relationship, then level off. Passion involves a high degree of physical arousal and an intense desire to be with the other person. As a person reaches puberty, interest in and curiosity about physical attraction intensifies. Often teens experience passion for the first time.

- **Commitment** means a decision that one cares for another and wishes to maintain the relationship. It increases gradually at first and then grows more rapidly as a relationship develops.

Ending Relationships

Ending a relationship is usually painful, no matter what the specific circumstances may be. People feel a need to end relationships for many reasons. Sometimes one person realizes that the other person simply isn't a good choice, or one person wants a different kind of relationship than the other.

In some cases, one person may change so much that the needs and interests of the two individuals conflict. Unmet expectations regarding the relationship or the personal roles within the relationship may be another cause for termination. Differences in sexual desires or rules can also contribute to the ending of a relationship.

Signs of a troubled relationship are fairly easy to recognize. Often, the beginning is marked by a change in communication. One partner may stop listening and become emotionally absent. As a result, the other partner feels unappreciated or unwanted. There may be an increasing number of unresolved conflicts.

Another sign of problems is a change in the amount and quality of time spent together. Finally, emotional or physical abuse in a relationship signals problems. If both partners are highly committed, counseling and reestablishing communication may help to keep the relationship from ending.

At some point, one or both partners may feel that the relationship cannot be saved. Guidelines for ending a relationship include:

- Making a thoughtful decision that ending the relationship is truly desired.
- Preparing for feelings of loneliness and unhappiness that may occur. While impulses to reestablish the relationship may temporarily alleviate uncomfortable feelings, the likelihood of reexperiencing the same unhappy relationship is great.

- Telling a partner of the decision at a "neutral" location. This allows the person making the decision to leave.
- Explaining the reasons in terms of one's own beliefs.
- Making the ending final and avoiding making any future plans or promises.
- Seeking out other relationships by spending time with friends or family members.

Sometimes the end of a relationship can cause a person to feel a sense of failure, low self-esteem or depression. Practicing the following steps can help people get over a relationship:

- thought stopping
- silent ridicule
- building self-esteem
- forming new relationships

■ **Thought stopping:** Consciously stop thoughts of the lost partner when they come to mind and substitute pleasant scenes or thoughts that do not involve the person. Making a list of such scenes can help this practice along. Thought stopping should be practiced at least ten times a day, in addition to using it when unintentional thoughts of the former partner occur.

■ **Silent ridicule:** Design a mental image of the former partner in which he or she looks ridiculous. The goal is to encourage realistic thinking about the relationship rather than idealizing the old partner. The image should evoke humor, not pity, and can be based on the exaggeration of some imperfect trait the person has. The thought should be practiced three to five times a day, in addition to any time the ex-partner comes to mind.

■ **Building self-esteem:** Write down positive things about oneself at least twice a day. These can be personal traits or accomplishments. Whenever negative thoughts begin, they should be stopped and the positive thoughts substituted.

- **Forming new relationships:** Seek out new friends or reconnect with old ones. New relationships, especially other kinds of relationships (and not rebound romances), make it easier to let go of the broken relationship.

Conflict Resolution

People experience conflict in many settings—at home, in school and with friends. The goal of conflict resolution is to help people learn positive, nonviolent options for resolving conflicts with others. The mass media—particularly television and movies—bombard Americans with images of violent and abusive behavior, and many people are frightened by the hurtful or negative ways that conflict is handled at home.

Many people lack good models for skillful conflict resolution. Unresolved conflict can lead to violence. Learning and practicing creative skills for resolving conflict can help people know that they don't need to resort to violence and destructive behavior in order to be heard.

Conflict can have a positive or negative result. When conflict produces a negative result, physical and/or emotional harm can be done, and a dysfunctional group dynamic is established. When conflict has a positive result, people can experience a turning point in their understanding, which enriches their lives and makes the world a friendlier place.

Teaching students to effectively resolve conflict means teaching them to grow from conflicts and to resolve them without the need of intervention from others. Students can be taught to approach conflict with creativity. They must also learn to accept and value differences between one another.

Creative conflict resolution requires the establishment of an atmosphere that is trusting and affirmative. In such an environment, students are able to learn to say no and to accept no without feeling rejected. They can learn to accept the feelings of others, even when they may disagree with them.

Developing high self-esteem is basic to this type of process. When people feel good about themselves, they are able to feel good about others—and to communicate in ways that demonstrate these feelings.

Many of the guidelines for good communication apply to effective conflict resolution. It is important to use I-statements to keep the focus on the subject at hand, and to acknowledge other people's expressed feelings. Conflict resolution can be used effectively only when all those involved agree that they want to solve the conflict. They should also agree to work toward a win-win solution, a solution which all parties can accept.

Steps to Conflict Resolution

Some basic steps can help resolve conflicts. However, these steps can only be applied when rational parties agree to work toward resolution. Steps to conflict resolution include:

- Cool off, if necessary.
- Each party defines the problem, without being interrupted.
- Each party states its needs or values, without being interrupted.
- All parties brainstorm together to come up with possible solutions.
- All parties agree on best possible solution and begin implementing.
- If all parties cannot agree on a solution, they agree to meet again to work on resolving the conflict.

1-Minute Facts

- The ability to communicate with others is central to good mental and emotional health.
- Communication refers to all the ways that people send and receive information—verbal, nonverbal or both.
- Communication barriers are a type of interference that can confuse the meaning of the message, but they can be overcome.
- Communication can be affected by differences in personality type.
- Good communication skills, including friendship skills, assertiveness and refusal skills, are essential for the development of social relationships.
- The goal of conflict resolution is to help people learn positive, nonviolent options for resolving conflicts with others.

Stress Management

Myth: All stress is harmful.

Fact: While stress can be negative, some stress can lead to interesting challenges and creative solutions. A certain amount of stress makes life more interesting.

In the simplest terms, stress is the feeling of being under pressure. Stress is the body's response to any physical or mental demand. For example, stress may be caused by a job change, a new baby or a divorce.

While feelings of stress represent a common experience, stress often is a poorly understood concept. Hans Selye, often called the father of stress research, defines stress as "the nonspecific response of the body to any demand made on it." Stress can be considered a physiological and psychological response that results after exposure to some factor, agent or event that forces the person to change or adapt. Whatever triggers a stress response is called a *stressor.*

Stressors: Life Events and Daily Hassles

Stressors are the external events, factors or people that cause stress. Stressors affect people in many different ways. In fact, many researchers believe that the effects of stress are related more to each individual's reactions than to the specific stressors themselves. For one person, missing a bus can cause extreme agitation, while another might use the time to read the paper—and enjoy it.

For many people, stress may be triggered by major "life events" such as changing jobs or getting married. But it is not just major life events that trigger the body to react. Research has shown that even daily hassles—the repetitive, routine problems of daily life—can be significant stressors for some people. These hassles may be emotional, such as unresolved arguments between people; physical, such as chronic lack of sleep; occupational, such as a demanding or repetitive job; or spiritual, involving moral dilemmas.

Types of Stressors

Often, stress is mistakenly viewed as only a negative force. But researchers have found that stress is not always undesirable. A life that is constant, with no changes or challenges, would be very dull. Selye emphasizes that stressors can be both positive and negative.

While stressors produce the same generalized physical response whether they are perceived as positive or negative, the behavioral response experienced will be different. Selye coined the term *eustress* for the reaction to positive stressors—changes or challenges that are benign or even beneficial in nature. This kind of stress is associated with enhanced longevity, productivity and life satisfaction. An example is the stress felt while exercising.

Selye calls a negative response to stressors *distress*. Some examples of distress are failure, frustration, anxiety or feelings of being overwhelmed.

An important concept developed by Selye is that life is most exciting, interesting, fun and challenging when there is enough stress to make it so, but not so much as to cause distress. Whether or not an event will cause distress depends on how the individual views the event. For high school students who are worried about how they will survive in an adult world, graduating from high school may be especially distressful. For those who are more focused on new opportunities and possibilities, graduation is an exciting challenge to be met. The goal of stress management is to enable people to turn distress into eustress.

Stressors are inescapable. Stress cannot be avoided, but people can learn to identify the stress levels at which they function best and to take actions that improve their ability to cope with the stressors in their lives.

Stress management involves learning to create a balance and to live with a sense of inner peace despite life's frustrations. In some cases, stressors can be reduced or eliminated; in others, people can adjust their reaction to the stressors.

People differ in the amounts of stress they want and need in their lives. Some people thrive on being busy and having a variety of things happening all at once; others prefer a slower pace.

Susan Hart (1990) identifies many different types of stressors in people's lives. They include the following:

- **Emotional stressors**—one's own thoughts, fears and anxieties ("I'll never pass that test!" or "What if I get pregnant?").
- **Family stressors**—interactions with family members (parents' fighting, sibling rivalries, family rules).
- **Social stressors**—interactions with other people (asking someone out, making a speech, arguing with a friend).
- **Change stressors**—alterations of anything important in one's life (breaking up with a romantic partner, moving, losing a job).
- **Chemical stressors**—any chemical use (alcohol, caffeine, nicotine).

- **Work stressors**—tensions and pressures associated with work (job deadlines, slow work periods, asking for a raise).
- **Decision stressors**—pressure associated with the need to make decisions in all areas of one's life (what classes to take, what to do after graduation, how to earn money).
- **Commuting stressors**—anxiety created as a result of having to commute (traffic jams, how to get to school or work, vehicle upkeep).
- **Physical stressors**—demands that change the state of one's body (too little exercise, inadequate diet, lack of sleep).
- **Disease stressors and pain stressors**—illness or injuries on a short- or long-term basis (headaches, asthma, allergies).
- **Environmental stressors**—aspects of the environment that often are unavoidable (smoke-filled rooms, extreme heat or cold, exhaust fumes).

A frequently voiced concern of active adults and adolescents is that they are too busy. Lack of sufficient time to do all that one needs or wants to do can be a significant source of stress.

Everyone must contend with stressors; however, individual psychology, a particular life situation, age and stage in life, and other factors can determine how a person responds to stressors. Thus, stressors that one person may easily cope with could cause serious distress in another.

The Body's Response to Stress

People who are experiencing stress notice certain predictable body signals. Heart rate increases, the throat becomes dry, the palms sweat, the person may feel dizzy or light-headed, and may feel nauseous.

Selye described the physiological response to a stressor as a reaction called the *general adaptation syndrome*. This syndrome has three stages:

- alarm reaction stage
- resistance stage
- exhaustion stage

- In the **alarm reaction stage**, the body prepares for immediate confrontation. Involuntary hormonal changes cause increases in blood sugar levels, blood pressure, heart and breathing rates. The body releases the hormone *adrenaline* to prepare for the "fight-or-flight" response. In a physiological sense, the body is prepared to expend the energy needed to either confront or flee from the stressor.

- In the **resistance stage**, the body attempts to reestablish its internal equilibrium. The high level of energy characteristic of the alarm stage cannot be maintained for an extended period of time. The body attempts to redirect the high level of generalized response to a more manageable level. Specific organ systems become the focus of the body's response; this is called the "specificity of adaptation."

- In the **exhaustion stage**, the body can no longer sustain its resistance to a stressor. Following long-term exposure to a stressor, physiological function can deteriorate; extreme, prolonged stress may even cause death. However, when a stressor lasts a short time and a person can relax afterward, blood pressure and hormone levels can quickly return to normal.

Long-term stress seems to reduce the body's ability to fight disease. During the alarm and resistance phases of the general adaptation syndrome, the immune system can become suppressed, resulting in increased vulnerability to infections. There is also evidence that high levels of stress are linked to hypertension and heart disease. Stress may also contribute to other disorders such as diabetes, cancer and depression.

Stress Signals

Many of the following signals appear when the body is experiencing distress.

- crying easily and for no reason
- mood swings
- restlessness
- use of alcohol or other drugs on a frequent basis
- headaches
- dizziness
- biting one's nails or grinding one's teeth
- dry mouth
- feeling hot
- loss of appetite
- tightness in the neck, shoulders or back
- nausea, stomachaches, diarrhea, constipation
- trouble sleeping

Physiological Responses

The body's response to a stressor involves the brain and nervous system, as well as the endocrine system. Glands in the endocrine system, the *adrenals*, release adrenaline and cause a number of tissue responses, including the following:

- **Decreased digestive activity**—The body can't wait for digestion to provide energy for the "fight-or-flight" response, so blood that normally is used for digestion is redirected to the voluntary muscles. This can cause stomachache, constipation, hemorrhoids or diarrhea.
- **Increased metabolic rate**—so the body can "fire up" for action more quickly.
- **Increased sweating**—to control the increased body temperature resulting from accelerated energy production.
- **Decreased salivation**—resulting from the shutdown of the digestive system. People experiencing stress may feel a "cotton-mouth" sensation.

- **Increased muscular tension**—a result of keeping the muscles ready for "fight or flight" in the shortest possible time.
- **Increased heart and lung function**—to help with the "fight-or-flight" response.
- **Reduced immune system response**—a result of prolonged stress and elevated levels of adrenaline.
- **Decreased blood clotting time**—can result in a tendency to form blood clots that block blood vessels, causing problems for those with cardiovascular disease.

Coping with Stress

How people choose to cope with the "alarm" response is significant for their health. Coping mechanisms can be healthy or destructive. One common destructive response to stress is the use of alcohol or other drugs to calm and mask the alarm response. People sometimes use other responses called "defense mechanisms" to protect themselves from uncomfortable thoughts or feelings. These responses include:

- **Repression**—keeping threatening memories, feelings or wishes from becoming conscious.
- **Denial**—refusing to accept a painful fact.
- **Rationalization**—substituting "good" reasons for the real motivations of behavior.
- **Projection**—attributing one's own unacceptable feelings to someone else.
- **Displacement**—redirecting feelings from their true object to a substitute.

Instead of relying on defense mechanisms, a more healthy approach involves using productive coping skills. The following skills are recommended:

- **Regular physical exercise**—since the release of adrenaline causes muscles to be tense, physical activity helps to burn up the energy.

- **Talking things out**—just getting things off one's chest can be very helpful.
- **Taking things one step at a time**—when a problem seems overwhelming, it can be broken into small pieces.
- **Not needing to win every time**—accepting the fact that things don't always work out the way one wants them to is one way of coping with stress.
- **Balancing work with play**—finding a balance and taking the time to do things that one enjoys doing can help one deal with stress.
- **Planning some solitary time**—even if it is only 15 or 20 minutes, time to oneself for quiet activity is important in coping with stress.

Helpful Perspectives

Payne and Hahn (1992) suggest approaching life with a "tough-minded optimism," since life can never be stress-free. Americans often have a fast-paced and demanding lifestyle, but the following perspectives can help people stay realistic yet positive in outlook.

- Anticipate problems and look for solutions; be a problem solver.
- Take control of the future; don't be a victim.
- Identify and avoid negative thought patterns; don't generalize difficulties from one area to another.
- Rehearse success without disregarding the possibility of failure; focus on what's necessary and possible to ensure success.
- Accept that some things can't be changed, and cope with them as well as possible.
- Undertake new experiences and use them for personal growth.

In general, a constructive way to cope with stress is to develop a healthy lifestyle, focusing on both mental and physical health. When a person is generally healthy, the body is more resistant to the effects of prolonged stress. A healthy lifestyle includes eating well, exercising for fitness, getting enough rest and learning ways to relax. Living with a positive and flexible mental outlook is also helpful in coping with stress.

Setting Goals

Goal setting is learned behavior that begins in the early childhood years. For adolescents, the many personal, educational and career decisions to be made can be overwhelming. Learning how to set and meet goals helps children and adolescents deal with the daily stresses of growing up.

For young children, goal setting can be as simple as picking up their toys or making a date to play with a friend. Older children and adolescents can set more complex goals. They may need to learn more about who they are and what they want before they can adequately project what goals they want to achieve in the future. Their goals may include getting good grades to get into college, making the basketball team, or getting all their chores done so that they can go out with their friends. Some of these goals are long-term, others are short-term.

To be achievable, goals must be realistic. Realistic goals are goals that are within a person's control. For instance, children living in a household where a divorce is underway cannot set a goal of reuniting their parents by behaving better. The outcome is not within their power.

The time frame that is set for goals should also be realistic. But when outside circumstances alter the time frame for meeting a goal, the timeline can be adjusted without altering the goal itself; the goal is thus still attainable.

It is also important not to set too many goals at one time. This can set a person up for failure and discouragement when all the goals are not met. Children and youth should learn that asking for help when working on goals is appropriate. For instance, if making the soccer team means asking an adult to drive her to practice every day, then the child must do so to meet the goal.

Low self-esteem can be a reason for difficulty in setting and meeting goals. For some people, the possibility of failing—not meeting the goal—may be paralyzing, even with the simplest of goals. In particular, the problem may reflect a low sense of models, which can cause a person to lack focus and become confused and disorganized. The end result is that the person cannot stay on task.

Educators can help students learn goal-setting skills by clearly defining their expectations in the classroom and setting clear and specific goals for students. They need to be observant, helping those students who need assistance along the way and noticing when students are falling short of their goals so that the difficulties can be discussed. Roleplaying with students about goal setting and encouraging group goals can also help.

Adults need to beware of discouraging students from reaching goals because introducing the needed skills takes too much adult time. Although the time involved can be difficult to manage, what is being taught is a crucial lifetime skill.

Goal Setting

- Differentiate between short-term and long-term goals.
- Set goals that are attainable.
- Reward yourself when goals are met.
- Compliment yourself as you make steps toward reaching a goal.
- Reconsider goals that may not be attainable.
- Work through the consequences of not meeting a goal.

Time Management Skills

People often experience stress because they have too much to do and too little time in which to do it. Moving toward long-term goals requires effective time management. Without effective ways to manage time, long-term goals can slip away. Sometimes people get so caught up in meeting routine or daily obligations that they feel they are not moving forward in life.

Prioritizing daily tasks is an important component of time management. As Hart (1990) states, one's time is one's life. "To Do" and "Not To Do" lists can help people stay focused. High priority things should be done first, and distracting things should be put on the "Not To Do" list. Such lists encourage people not to allow valuable time to slide away. If long-term goals and the steps needed to reach these goals are included on the "To Do" list, achievement is possible.

Successful Decision Making

Making decisions and taking actions that reflect one's beliefs and values helps to maintain and enhance self-esteem. If decisions are not congruent with strongly held values, stress and emotional conflicts arise. Good mental health can be promoted by learning to consider one's own beliefs and values as one makes decisions.

Throughout life, people make thousands of decisions. Some decisions, such as deciding to eat breakfast every day or to go to bed at a certain time, create habits. Every decision has some effect on what may happen at a later time.

At times, such as in an emergency, quick decisions must be made. But in most cases, if problems and issues are not carefully considered, their consequences can have far-reaching effects on future decisions. For instance, an impulsive decision to run away from home or drop out of school can have drastic effects on opportunities for future jobs and careers.

For young children, most choices about what to do and how to do it are made by parents or guardians, older brothers and sisters, or other significant adults in their lives. But as children grow older, they are confronted with situations where they must make their own decisions. Some of these decisions could have long-term effects on their health, their lives and their futures.

Understanding the steps to good decision making helps one deal with difficult problems in a way that makes the problems seem less overwhelming. Strong decision-making skills will increase adolescents' sense of control over their lives and enable them to accept responsibility for their own decisions.

Factors Influencing Decisions

Individual decisions can be affected by a number of factors (Fetro, 1992), including:

- personal skills and experiences
- information and resources
- social pressures
- personal values and beliefs
- internal pressures

Many young people lack the skills and experience necessary to evaluate different aspects of a problem situation and to assess available information and resources. Awareness of internal and external pressures can help adolescents make better decisions about their health practices and their future goals.

- **Personal skills and experiences:** Awareness of personal skills and experiences is essential in making personal decisions. What are one's particular capabilities, and what has been experienced in similar situations in the past? For example, teenagers trying out for sports teams should look at their physical skills to determine where they can be most successful. For other decisions, analyzing what worked and what didn't in similar situations in the past can provide insight about the probable outcome of a decision.

- **Information and resources:** Informed decisions require the use of information and resources. Information to consider includes the short- and long-term physical and psychological effects of the decision; the short-term social consequences; the internal and external influences on the decision; and the attitudes, beliefs and practices of the peer group. Knowing where to obtain accurate information is also important.

  Young people do not always obtain the information they need, for a variety of reasons. They might not know whom to ask or where to go for help. They may be too embarrassed to ask. In the past, they may have been denied help or advice, or given advice that did not seem to work.

- **Social pressures:** In making decisions, children and teenagers may be strongly influenced by social pressures. These pressures include the opinions, values and feelings of others. Sometimes peer pressure is in direct conflict with parental pressure. Even if expectations of teachers and parents are consistent, teens can be strongly influenced by media and advertising, or by behavioral norms that exist (or appear to exist) in the community.

- **Personal values and beliefs:** Personal decisions should reflect one's personal values and beliefs. Values that are important may include honesty, loyalty, personal responsibility, health, friendship and education, to name a few. A clear understanding of personal values and beliefs enables people to make decisions consistent with what they hold as important or unimportant, right or wrong, good or bad.

- **Internal pressures:** These may influence decision making, particularly for adolescents. Internal pressures might include the need to feel accepted by peers, to feel important, to feel different or grown up, to escape or to take a risk. Individuals with low self-esteem are more likely to succumb to internal pressures on health-related decisions.

A Decision-Making Model

Several models have been developed to teach or strengthen decision-making and problem-solving skills. Fetro (1992) presents a composite drawn from a wide variety of models, which has six steps:

- Define the problem.
- Gather information.
- List possible solutions.
- List consequences of each solution.
- Choose the best solution and try it out.
- Evaluate the decision.

- **Define the problem.** The first step in the decision-making process is to identify the problem to be solved, the decision to be made or the goal to be reached. The problem should be stated as clearly as possible.

  If the problem has more than one part, each part can be tackled separately. Explaining the situation out loud to someone else sometimes helps one understand the problem better.

  It may also be important to decide whose problem it is. Sometimes people attempt to solve problems that are not theirs. Young people may be faced with situations in which they need to begin to take responsibility for decisions that could affect their lives or their futures.

- **Gather information.** All relevant information about the problem should be obtained. This step may involve going to the library to investigate specific topics, talking to friends or relatives about their experiences and/or opinions, considering similar personal experiences, attending meetings or talking to experts.

  The facts should be grouped in an order that makes sense. People need to be aware of the possible influences on the decision (such as friends, parents or personal values). The obstacles that may affect the decision (such as cost or availability) should be listed, as well as the people who can support the decision once it is made.

- **List possible solutions.** Every option should be listed without making a judgment about it. This step should not be rushed, as the choices may not be simple.

- **List consequences of each solution.** For each possible solution, the short- and long-term consequences—both positive and negative—should be listed, including the consequences for others. A solution that has positive short-term consequences for one person may have negative consequences for someone else. Input from others—friends, relatives, teachers or counselors—can help one sort through the possible consequences.

- **Choose the best solution and try it out.** All the information gathered should be evaluated to enable the decision maker to choose the best solution based on personal knowledge, skills, experiences, values and goals.

- **Evaluate the decision.** After the solution is tried, the consequences can be evaluated to see if they were predicted. Do the benefits of the decision outweigh the costs? For example, does the short-term benefit of drinking alcohol (getting high and having fun) outweigh the possible costs (having an accident, hurting someone, becoming addicted)?

  If the solution doesn't seem to work, other solutions can be tried. If no solution seems right, the decision maker can go back to the fact-finding step (gathering information). What is learned by making one decision and examining the positive and negative consequences of that decision can be applied to future decisions.

The Connection to Self-Esteem

People with low self-esteem are more likely to have difficulty with problem solving and decision making. Improving decision-making skills can raise self-esteem by increasing the sense of power and sense of models. A clear understanding of how to make a decision, and continued practice in using the decision-making model, will result in health-related decisions that are consistent with one's values and beliefs.

People with a low sense of power are not good decision makers. By avoiding making decisions, they can avoid taking

responsibility. They don't take action until they feel safe, which often means that they manipulate someone else into being responsible. They may give up part way through a task, as it becomes harder, or distract others from requiring them to be accountable for what they haven't done. This is their means of avoiding failure. The essential strategy for raising and maintaining the sense of power is to encourage, permit, require and demand that children and youth make all the decisions that they are capable of making successfully.

People with a high sense of power like to make their own decisions and will even demand the opportunity if they feel they are being denied it. Students with a high sense of power enjoy being in classrooms where teachers expect them to make decisions. Being in charge of their own behavior feels comfortable and familiar to them. Increasing the range of decisions these students can and must make, consistent with their age and development (as well as school or family rules), helps them maintain a high sense of power.

Encouraging people with a low sense of power to choose to try to make decisions will build power. Any decision such people can make successfully adds a small increment to their sense of power. Once they accumulate enough success with small risks, they will be encouraged to take even greater risks in applying themselves to learning tasks.

Low-power people resist any perceived intrusion on the small feelings of control they have. Even innocuous directives are experienced as an attempt to wrest control from them, and they will resist.

To improve decision making in low-power individuals, it is important to be able to deflect this resistive behavior. One way to do this is by avoiding declarative or directive statements ("Come here, Sammy") in favor of questions ("Can you come here, Sammy?"). A question cannot elicit the same sort of resistance from others, as they must take the time to translate the question into a command. Even that small time gap, when the person is unconsciously evaluating whether the question implies a control issue, can be enough to deflate resistive behavior.

Building Students' Sense of Power

The following techniques for classrooms and schools help build the sense of power in students.

- Give students as much choice as possible about when and how to do things. Maximize alternatives and always try to have at least two options in any activity.
- Have students act as teachers to each other and to younger students; help them find ways to share their skills.
- Involve students in setting rules for the classroom, group or school. Make their involvement meaningful by giving them the responsibility and resources to monitor the rules they set.
- Help students acquire better control over their feelings and physical bodies through movement, dance, sports and exercise.
- Pay special attention to interpersonal skills as a special skill area and develop learning activities to teach such skills.
- Help students develop a stronger sense of the relationship between work and benefits by providing rewards for successful performance. Mimic the real world as much as possible.
- Teach democratic decision-making processes, and use them as much as possible. Help students acquire skills to work with and influence the groups in which they participate.
- Allow students to work at their level of competence as long as possible before requiring them to proceed. This technique will enable students to know what they can do well.
- Help students understand their own learning styles and teach them more effective ways to learn things.

Adapted from R. Bean. 1992. *The Four Conditions of Self-Esteem.* 2d ed. Santa Cruz, CA: ETR Associates.

1-Minute Facts

- Stress is the body's response to any physical or mental demand.
- Researchers believe that the effects of stress are related more to individual reactions than to the specific stressors.
- The term *eustress* refers to a positive reaction to stressors; *distress* refers to a negative reaction.
- Stress management involves learning to create internal balance and to nurture a sense of inner peace despite life's frustrations.
- People who are experiencing stress notice certain predictable body signals.
- Coping mechanisms to stress can be healthy, or they can be destructive.
- Learning how to set and meet goals helps children and adolescents deal with the daily stresses of growing up.
- Good mental health can be promoted by learning to make decisions that reflect one's own beliefs and values.

Meeting Mental Health Challenges

Myth: Mental disorders are something to be ashamed of.

Fact: Many people with mental disorders are productive. Many mental disorders can be treated, just as physical disorders can.

All people are faced with challenges in their day-to-day lives. Almost everyone has times when they experience emotional difficulties such as sadness, anger or fear. Emotionally healthy people are able to adapt physically and psychologically to meet these challenges. When life's demands exceed coping resources and interfere with emotional well-being or efforts to reach personal goals, mental health may be affected.

Some Definitions

The following are some of the key terms in the area of mental health and illness.

- **Mental illnesses** are diseases that affect the brain. They have a biological base, just as physical illnesses do.

- **Schizophrenia** is a severe mental illness characterized by unpredictable disturbances in thinking, mood, awareness and behavior. It is associated with structural and functional brain differences. The disorder often results in loss of contact with reality and the inability to care for oneself.

- **Mood disorders** involve disturbances in a person's mood. They are due to chemical imbalances in the brain. The two major categories of mood disorders are depression (extreme sadness) and bipolar, or manic-depression, (alternating periods of depression and mania, or extreme euphoria or excitement).

- **Anxiety disorders** are mental illnesses involving unreasonable fears. In most people, anxiety is a normal adaptive response signaling a need for action. In anxiety disorders, this response is triggered by everyday problems. Phobias, panic disorders, generalized anxiety, obsessive-compulsive disorder, and post-traumatic stress disorder are the major types of anxiety disorders.

- **Dissociative disorders** involve a loss or change of identity (such as amnesia, or multiple personalities).

- **Personality disorders** create difficulties in personal relationships and persistent patterns of maladaptive behavior (such as antisocial behavior or paranoia). They are considered very difficult to treat.

- **Neurosis** is a term referring to a mild mental disorder. This broad term is used to describe disorders that involve emotional difficulties but do not include losing touch with reality.

- **Paranoia** is an abnormal suspicion or fear of others.

- **Psychosis** refers to a symptom of severe mental disorders that includes delusions, hallucinations and inability to deal with reality.

Social Pressures

Many types of social and familial pressures can affect mental and emotional health. The ability to cope in positive ways with these pressures is largely related to self-esteem. Having high self-esteem enables people to know what their values and beliefs are and to act on these principles. High self-esteem is a critical link in developing significant relationships with others, in communicating well, in making sound decisions, and in setting and achieving goals.

Pressures include issues that arise within families, among peers and in the workplace, as well as pressures felt as a result of wider cultural expectations and standards promoted by the media and other sources. Some issues, such as those related to sexuality, are related to the physiological and psychological changes that accompany puberty. Fear of sexual victimization is a particular concern for females, although males also experience it.

Family Life Issues

Family life in American society has become increasingly complex. Almost half of all marriages end in divorce. More children are experiencing single-parent and blended families (families with stepparents and stepbrothers or stepsisters). Some chil-

dren live in arrangements where parents have joint custody, requiring children to move back and forth between two homes. Changes resulting from divorce, including economic difficulties and the loss of an intact nuclear family (and perhaps of particular family members) can cause severe emotional strain.

Children and adolescents can be prepared for losses such as those resulting from divorce by explaining the details that will affect them, by offering suggestions for ways to ease the process, and by keeping the lines of communication as open as possible. However, even when youth are as prepared as they can possibly be, they probably will not accept the changes easily or quickly. Pictures and memories help them gradually let go and adjust to the new situation at their own pace.

Sexual Victimization

While sexual intimacy ideally is a mutual form of communication between two people, it is sometimes approached as an aggressive behavior directed toward a victim. This is the case with child sexual abuse, and sexual harassment and rape.

- **Sexual abuse:** Because of their dependent relationships with adults, children are especially vulnerable to sexual abuse. Child sexual abuse is sexual contact or activity between a child and a person who is at least five years older than the child, most often an adult.

  Child sexual abuse may often go unreported, making accurate statistics impossible to obtain. Of the cases that are reported, more than 90% of abusers are not strangers but are persons known to children. Almost half are members of the child's family. Before the age of 18, one out of five girls and one out of eleven boys experience some form of sexual abuse.

  Signs of child sexual abuse can be physical, behavioral, or both. Physical signs include bruising, bleeding or infections in the genital area, and difficulty in walking or urinating. However, there may be no physical evidence of abuse.

Behavioral signs of abuse include:

- eating, sleeping and eliminating disturbances
- withdrawn or aggressive behavior
- fear of adults
- sexually explicit language or behavior not appropriate to the child's age
- regressive behavior such as thumbsucking, wetting or soiling
- aversion to a particular person, place or situation
- change in school performance
- depression
- suicide threats or attempts
- sexual promiscuity
- substance use
- low self-esteem and poor self-image
- overly clinging or dependent behavior

The assessment for abuse is very complex, and professionals should be consulted if abuse is suspected.

Children and youth can learn to protect themselves by learning to do the following things:

- Identify good, bad and confusing touches, according to how they feel about the touch.
- Trust their intuition.
- Say no to adults.
- Believe that they "own" their own bodies.
- Know that secrets between adults and children aren't always appropriate, especially if they are confusing.
- Tell someone if unwanted touching has occurred.

■ **Sexual harassment:** This includes any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature, especially when the behavior comes from a person with obvious power over another. The person in power might be an employer, a supervisor or a teacher. Others, such as fellow students or coworkers, can also be guilty of sexual harassment.

Most victims of sexual harassment are female, although males also experience sexual harassment. Many victims do not report the harassment for a variety of reasons. A woman may not be aware that she has the right to report it, or she may be afraid of getting a bad grade or losing her job. She may also worry that no one will believe her if she does report it. Some employers and schools have an explicit policy against sexual harassment, although many still do not.

In recent years, people have become more aware of sexual harassment and its impact on victims. People can take the following steps if they believe that they are being victimized by sexual harassment:

- Seek support from a trusted individual.
- Say no to the harassment.
- Find out if others also have been harassed and might be willing to come forward to confront the person, too.
- Keep written records, including dates and exact events.
- Find out if sexual harassment policies and procedures are in place. Sexual harassment is a form of illegal sex discrimination, violating Title VII of the Civil Rights Law of 1964.

■ **Rape** is any kind of sexual activity committed against a person's will. Although men can be raped, usually by other men, most rape victims are women.

Many hospitals and clinics have developed rape crisis centers to help victims cope with rape. Victims may need both physical care and emotional support.

Rape trauma syndrome is a cluster of symptoms that women develop in response to rape. RTS is actually a form of depression, for which victims can be treated.

■ **Date rape** or **acquaintance rape** is rape committed by someone the victim knows. Women are more likely to be raped by someone they know than by a stranger.

Women always have the right to say no to sex. However, in American society, men are not always taught to respect a woman's right to say no. Clear communication and respect for others' feelings can help prevent date rape.

The following actions can help women learn to protect themselves from date rape.

- **Setting limits.** Women need to decide what they want in a relationship and what they are willing to do physically.
- **Communication.** Communication is the key to a good relationship. Women should communicate their limits to their partners and discuss their partners' wishes.
- **Assertiveness.** Women should communicate their feelings clearly and repeatedly. Body language should reinforce the verbal messages.
- **Trusting feelings.** Women need to trust their feelings about what is happening and say or do something to change the situation as soon as they feel uncomfortable with it.

Protecting Yourself

The following actions can help women protect themselves against rape.

- At home, keep doors and windows locked.
- Ask to see identification before admitting service people or others to your home.
- Keep doors locked while driving.
- Try to avoid being alone when walking outdoors after dark.
- Walk at a steady pace, and carry yourself with confidence.
- Carry keys in your hand to use as a weapon.
- If you fear danger, yell "Fire!"
- Don't hitchhike.

- **Awareness.** Women should be aware of behaviors that indicate a partner doesn't respect them. Such behavior in minor things may indicate that a woman's wishes won't be respected at other times.

Men need to be encouraged to take the same actions. When partners can set limits, communicate and listen to each other, trust their feelings and be aware of each other's actions, date rape can be avoided.

Depression

Depression is one of the most common mood disorders. Approximately 10% of the population experiences at least one episode of severe depression in a lifetime. Women are twice as likely as men to become depressed.

Although people of every age get depressed, rates are highest for those between the ages of 25 to 44. Depression is also very common in teenagers as they experience physiological and personal changes.

New research is investigating the use of biological tests to diagnose depressive illness. Although work in this area is still experimental, doctors may soon have ways to identify abnormal brain and body functions associated with different forms of the disease. Medications to treat depression are available and can be very effective.

Symptoms of Depression

There are many symptoms and signs of depression, which affect all areas of life. They include:

- mild to severe low mood with feelings of unhappiness, hopelessness, gloom and despair
- loss of the ability to experience pleasure, interest or satisfaction in usual activities
- low self-esteem with feelings of worthlessness and guilt
- impaired intellectual functions, including inability to concentrate or make decisions, disorientation and memory lapses
- physical and emotional withdrawal from other people
- physical problems such as insomnia, appetite disturbances (over- or undereating), loss of sexual desire, low energy, fatigue, gastrointestinal upsets, headaches, bodily aches and pains

Causes of Depression

Although there is no single cause of depression, depression often is rooted in early childhood. Usually, the first occurrence of a major depression happens before age thirty.

Depression can be caused by environmental factors, including psychological stressors and traumatic events, or by a biological predisposition to depression. Some types of depression are genetically linked. Genetically linked forms of depression are often treated using drug therapies, while environmentally related forms may be treated using counseling or a combination of drugs and counseling.

The following are some environmental factors, including psychological stressors:

- family relationships
- alcoholism in the home
- physical, emotional or sexual abuse in the home
- divorce
- poor communications at home
- conflicts with parents
- loss of job
- failure in school

Other environmental factors are traumatic events, such as:

- rape
- incest
- physical injuries
- death of a loved one

Environmental factors have in common the element of loss. Losses occur in situations where there are poor family relationships; where divorce occurs; where the source of income becomes less; and where there has been major or chronic illness.

Suicide

Suicide is one of the leading causes of death among teenagers, and rates are continuing to rise. According to *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, suicide is the second leading cause of death for youth ages 15 to 19 and the eighth leading cause of death in the United States overall (U.S. Department of Health and Human Services, 1991). In several surveys of adolescents, as many as 10% of those surveyed report having attempted suicide at least once.

Like the risk factors for depression, suicide risk factors represent loss of one kind or another. Contributing factors can include personal factors (e.g., a lack of close friends, or alcohol or other drug use) and family factors (e.g., a family history of suicide, or alcohol or other drug use in the family). Life changes and traumatic events (e.g., the recent loss of a family member through death or divorce) can also be contributing factors. An unsuccessful love affair may induce suicidal thoughts and feelings in both teenagers and adults.

The feelings of loss may build and result in feelings of helplessness, hopelessness and powerlessness. As depression sets in more deeply, the person may give up or may become angry at herself or himself rather than at those who may be the source of the pain or discomfort. The person is then at risk for suicide.

All threats of suicide should be considered a warning sign. Children, youth or adults who disclose suicidal feelings should be encouraged to get help.

Warning Signs for Suicide Risk

Signs that a person may be at risk for suicide include:

- all the signs of severe depression
- threats of suicide or statements indicating a desire for death
- a previous suicide attempt after which no counseling was received
- personality or behavioral changes, including a sudden change from depression to happiness
- giving away personal belongings
- excessive use of alcohol or other drugs
- impulsive, high-risk behavior
- truancy or running away from home
- preoccupation with aspects of death or the impact of death on others
- self-deprecating remarks
- neglect of personal appearance

Coping with Student Suicide

Schools need to review and adopt specific guidelines for crisis management in cases of student suicide. Pre-planning can effectively prevent "copy cat" suicides and help manage the publicity and media attention.

The national Centers for Disease Control and Prevention (CDC) has established guidelines to cope with *suicide clusters*, the occurrence of multiple suicides in a given population. Critical elements include:

- identification of at-risk populations prior to crisis
- identification and assessment of community resources
- coordinated efforts to locate those at risk after a crisis has begun
- careful dissemination of public information in ways that do not glamorize those who commit suicide

School administrators should work closely with mental health professionals in the community to coordinate services and referrals. Resources such as public health departments, social service agencies, and mental health centers can provide assistance.

Special attention must be given to people within the school community who were friends of the suicide victim. Counseling programs can be developed to help students and staff manage their grief and stress appropriately and to provide help quickly if a personal crisis develops.

When resources permit, schools can employ mental health counselors who are available to students on an ongoing basis. On-site access to mental health services can help prevent episodes of minor depression from escalating into serious depression.

1-Minute Facts

- There are many different types of mental disorders.
- The ability to cope in positive ways with social and familial pressures is largely related to self-esteem.
- Depression is one of the most common mood disorders.
- Suicide is one of the leading causes of death among teenagers.

Glossary

A

anxiety disorder—A form of abnormal behavior in which anxiety is the most obvious and outstanding symptom or in which abnormal patterns of behavior such as obsessions or compulsions are developed to keep underlying anxiety under control.

assertiveness—A component of communication in which individuals stand up for what they believe, want or need, without hurting or denying the rights of others.

B

bipolar disorder—A type of mood disorder in which a person suffers alternating periods of depression and mania.

body image—Includes the way one views oneself and one's body and the way one believes others view one.

body language—Nonverbal communication, such as facial expressions, body movements, clothing style, posture, gestures—inherited or learned—that are clues to thoughts and feelings.

C

communication—The ability to express thoughts, feelings and reactions and to exchange information through a common system of symbols, signs or behaviors.

D

denial—A defense mechanism in which the individual refuses to accept the existence of the events that have aroused anxiety.

depression—A feeling of severe and prolonged sadness, sometimes accompanied by total apathy, that occurs as a reaction to stress; possibly influenced by chemical imbalances in the brain.

displacement—A defense mechanism in which an individual transfers emotions from their true object to a less threatening substitute.

dissociative disorder—Involves a loss or change of identity, such as amnesia or multiple personalities.

distress—A negative response to stress.

E

ego—According to psychoanalytic theory of personality, the conscious, logical part of the mind, which represents the demands of the real world.

emotions—Usually considered to be feelings about or reactions to certain important events of thoughts; can be pleasant, uncomfortable or mixed.

eustress—A term coined by Hans Selye for the reaction to positive stressors, such as changes or challenges that are benign or beneficial in nature.

G

general adaptation syndrome—A phrase coined by Hans Selye for the sequence of events involved in prolonged stress: initial shock of alarm, recovery or resistance period, and exhaustion.

I

id—According to psychoanalytic theory of personality, the unconscious part of the mind representing instinctive impulses of sex and aggression.

L

locus of control—Relates to whether individuals are oriented to an internal or an external control of behavior.

M

mania—Extreme excitement or euphoria.
manic-depressive disorder—See bipolar disorder.
mental health—A state of psychological well-being.
mental illness—A disease that affects the brain. It has a biological basis.
mood—A person's sustained and predominant internal emotional experience (e.g., depression, euphoria).
mood disorder—Disturbances in a person's mood, such as depression or mania.

N

neurosis—Refers to a mild mental disorder; describes disorders that involve emotional difficulties but do not include losing touch with reality.

P

personality—Unique constellation of emotions, thoughts and behaviors that determine who a person is and how each person functions, grows and adapts to life.

personality disorder—Disturbances that create difficulties in personal relationships and persistent patterns of maladaptive behavior (e.g., antisocial behavior or paranoia).

projection—A defense mechanism in which the individual attributes his or her own unacceptable feelings to someone else.

psychoanalytic theory of personality—A theory originally formulated by Sigmund Freud that emphasizes three parts of the personality—the id, the ego and the superego.

psychosis—A mental illness in which contact with reality is severely impaired by such symptoms as delusions, hallucinations and bizarre behaviors.

R

rationalization—A defense mechanism in which people maintain that a goal they were unable to attain was not desirable or that they acted out of "good" motives.

repression—A defense mechanism in which people suffering anxiety keep threatening memories, feelings or wishes from becoming conscious.

S

schizophrenia—A severe mental illness characterized by unpredictable disturbances in thinking, mood, awareness and behavior; results in loss of contact with reality.

self-concept—A conscious set of beliefs about oneself that influence behavior; a cognitive process that an individual can manipulate and talk about.

self-esteem—Measure of how much people value themselves.

sexual abuse—Unwanted or uninvited sexual contact or activity aggressively directed toward a victim.

sexual harassment—Includes any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature, especially when the behavior comes from a person with obvious power over another.

stress—The feeling of being under pressure; bodily wear and tear caused by physical or psychological arousal by outside events.

stressors—Anything that triggers a stress response (e.g., external events, internal reactions or people).

suicide—The act of intentionally killing oneself.

suicide cluster—A group of suicides and/or attempted suicides that occur closer in time and space than would normally be expected in a community.

superego—According to psychoanalytic theory of personality, the conscience, which represents standards of behavior incorporated into the personality during childhood.

Resources

American Association of
Psychiatric Services for Children
1200-C Scottsville Rd., Suite 225
Rochester, NY 14624
716-235-6910

American Mental Health
Foundation
2 East 86th St.
New York, NY 10028
212-737-9027

American Mental Health Fund
Box 17389
Washington, DC 20041
800-433-5959

American Psychiatric Association
Division of Public Affairs
1400 K St. NW
Washington, DC 20005
202-682-6220

American Psychological
Association
1200 17th St. NW
Washington, DC 20036
202-955-7600

American Society for Adolescent
Psychiatry
24 Green Valley Rd.
Wallingford, PA 19086
215-566-2773

Anxiety Disorders Association
of America
6000 Executive Blvd., Suite 200
Rockville, MD 20852-3883
301-231-9350

Center for Applications
of Psychological Type
800-777-2278

Mental Health Association
1021 Prince St.
Alexandria, VA 22314
703-684-7722

National Alliance for the Mentally Ill
1901 N. Fort Myer Dr., Suite 500
Arlington, VA 22209
703-524-7600

National Center for Health Education
30 East 29th St.
New York, NY 10016
212-689-1886

National Clearinghouse on Family Support and Children's Mental Health
Portland State University
P.O. Box 751
Portland, OR 97202
800-628-1696

National Council for Self-Esteem
California State Department of Education
P.O. Box 277877
Sacramento, CA 95827
916-455-6273

National Foundation for Depressive Illness
800-248-4344

National Institute of Mental Health
Information Resources and Inquiries Branch
Parklawn Bldg., Room 15C-05
5600 Fishers Lane
Rockville, MD 20857
301-443-4513

National Mental Health Association
800-969-6642

The National Resource Center on Homelessness and Mental Illness
262 Delaware Ave.
Delmar, NY 12054
800-444-7415

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